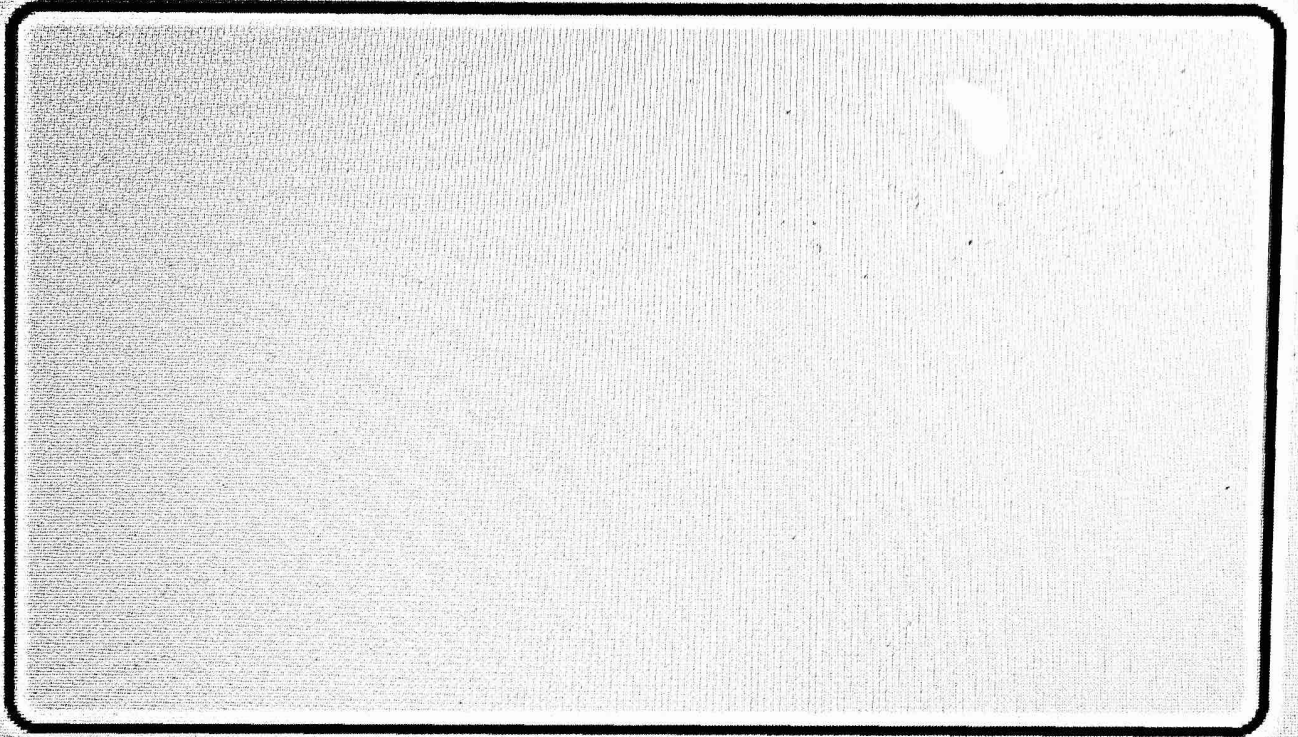


Name _____

Date _____

TERRARIUM MAP



KEY

<input type="checkbox"/>	_____	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____
<input type="checkbox"/>	_____	<input type="checkbox"/>	_____		

How much water did you put into your terrarium? _____

Where did you put it?

Comments

